

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003298**

1. Entity Name

SMALL BUSINESS ADVISORY COUNCIL, INC.**FILED**
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90410 046 ****61.25

0022145

Principal Place of Business

**841 DOUGLAS AVENUE
SUITE 104
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**841 DOUGLAS AVENUE
SUITE 104
ALTAMONTE SPRINGS FL 32714****00029605**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3498083

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIRES, JOE
841 DOUGLAS AVENUE
SUITE 104
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIRES, JOE	
STREET ADDRESS	841 DOUGLAS AVENUE STE 104	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	STD	<input type="checkbox"/> Delete
NAME	WOOD, LAURA J	
STREET ADDRESS	841 DOUGLAS AVENUE STE 104	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEA, DAN	
STREET ADDRESS	841 DOUGLAS AVE STE. 104	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****3/27/01 407-869-5766**
Date Daytime Phone #

CR2E037 (10/00)